

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>8/31/05</u>		2 Serial/Patent # <u>10/530766</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
Filing				\$							
Amendment				\$							
Extension of Time				\$							
Notice of Appeal/Appeal				\$							
Petition				\$							
Issue				\$							
Cert of Correction/Terminal Disc.				\$							
Maintenance				\$							
Assignment				\$							
Other				\$							
		7 TOTAL AMOUNT OF REFUND	\$ <u>100.00</u>								
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:									
<input type="checkbox"/> Duplicate Payment		<u>9</u> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>0</td><td>5</td><td>--</td><td>1</td><td>3</td><td>2</td><td>3</td></tr></table>			0	5	--	1	3	2	3
0	5	--	1	3	2	3					
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>B.A.C.</u>		TITLE: _____									
SIGNATURE: <u>BAC</u>		PHONE: _____									
OFFICE: <u>PCT</u>		Refld. Ref: 09/01/2005 BCAMPBEL 0021124200 *****FC: 9284***** Name/Number: 105-10765 ***** \$100.00 CR									
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**